



Public Water System Emergency Response Plan

Non-Transient- Non Community Systems

HHS-R&L 24 hr Emergency number 402-499-6922

for

PWS Name:
Public Water System I.D. No.:
Population Served:

Address:

Phone:
Municipality:
County:

Prepared by:
Title:
Signature: _____
Date Completed: _____
Date Updated: _____

HHS R&L Approval by: _____
Agency: _____
Signature: _____

Date: _____

PLAN #

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**ALL EMERGENCY RESPONSE PLANS MUST MEET THE FOLLOWING CRITERIA
AS DEFINED IN NAC 179, NEBRASKA REGULATIONS GOVERNING PUBLIC
WATER SYSTEMS, CHAPTER 22-004, ITEM 6:**

Maintain an emergency plan of operations for safeguarding the water supply, protecting the drinking water, and, if necessary, providing for an alternate drinking water supply in the event of natural or man-made disasters. The plan must include a list of individuals who may be called for help in times of disaster, their titles and their phone numbers. This list must be updated annually with a copy provided to the Department. The plan must state the basic domestic water needs and usage under normal conditions. Any special institutional, commercial or industrial users must be shown. Any special back-up or standby equipment or auxiliary power supply must be included as well as alternate sources of supply or bottled water sources. All available chemicals and equipment for the purpose of disinfection must be listed. The emergency plan must outline all emergency operations and must be updated at least every 3 years with copies provided to the Department of Health and Human Services Regulation and Licensure for inclusion in the state Drinking Water Emergency plan located in the Division of Public Health Assurance. The emergency plan must be placed at key locations, clearly marked and readily accessible to utility personnel.

Section I – Introduction

1. Purpose

This emergency plan was developed as a guideline for the operators and administration of _____ in order to minimize disruption of normal services to its consumers and to provide public health protection and safety during an emergency. Emergency response planning should be a coordinated and planned process. Proper planning can lessen the impact of an emergency. This plan was designed to address various emergency hazards that may occur in rural and small water systems.

2. Organization

Water System policies are set by _____. Large expenditures (over \$ _____) must be approved by _____. Smaller purchases can be made by _____.

During any type of emergency, the following persons will be in charge of the water system (contact in order indicated):

Order	Name	Position	Phone Numbers (include area code)				Radio Frequency (MHz)	E-Mail
			Office	Cellular	Pager	Home		
1								
2								
3								
4								
5								
6								

Section II - Summary Description of the System

The following is a summary description of the system that should provide enough information about the system for use during an emergency and to assess and correct system vulnerabilities.

1. Location of Pertinent Information

Item	Location
Distribution System Map (plans, blueprints, etc)	
Other Pertinent Maps	
Daily Reports	
Permits	
Technical Manuals	
O&M Manual	
Start-Up/Shut-Down Procedures	

2. Existing Water Source Information

A. Well Information

Not Applicable ☐

Well ID	Location	Well Depth	Well Yield	Critical Water Level ¹
1.				
2.				
3.				
4.				
5.				
6.				

B. Water Quality of the Source(s)

(List significant parameters. Ex: Nitrates, Iron, etc.)

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C. Source Pump Information

Source ID	Pump Type	Manufacturer	H.P.	Capacity (gpm)	Phase, Voltage

(Note: Source ID includes well identification numbers as well as any other source {(ie., surface water intake pumps etc.)})

D. Other Emergency Water Sources

(including equipment needed to use the source)

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E. Possible Future Sources of Water

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3. Treatment Information

A. Emergency Disinfection

Chemical(s) Used: _____

Type of Chemical Feed: _____

Location of Disinfection System: _____

Location of Chemical
Storage: _____

(Note: See the Emergency Reference Table in [Section III-4-D](#) for Chemical Supplier Information) Attach MSDS sheets.

B. Other Treatment

Other Treatment
Methods(s) _____

Chemical(s) Used: _____

Type of Chemical Feed: _____

Treatment Chemicals and
Storage _____

Laboratory Chemicals and
Storage: _____

(Note: See the Emergency Reference Table in [Section III-4-D](#) for Chemical Supplier Information)

Also attach MSDS sheets on all chemicals used.

7. Power

Primary Power: _____

Emergency
Backup Power: _____

Section III – Emergency Response Actions

The following are the action steps that will be followed for all emergency situations:

- i. Take or direct any **immediate** response measures that are obviously needed to reduce risk to the public (see specific emergency response action below).
- ii. Notify HHS-R&L and (if applicable) the system administration.
- iii. Determine and implement other appropriate corrective actions to reduce and eliminate the effects of the emergency.
- iv. Inform consumers of the emergency situation as soon as possible, and again as the status changes.

1. Description of Emergency Response Actions

Refer below to the response action(s) for the specified emergency:

A. Power Outage

Immediate Actions:

Other Actions:

B. Prolonged Water Outage

Immediate Actions:

Other Actions:

C. Treatment Equipment Failure

Immediate Actions:

Other Actions:

D. Source Pump Failure

Immediate Actions:

Other Actions:

E. Flood

Immediate Actions:

Other Actions:

F. Severe Weather

Immediate Actions:

Other Actions:

G. Fire at Water Supply System Facility

Immediate Actions:

Other Actions:

H. Terrorism or Vandalism (actual or suspected)

Immediate Actions:

Other Actions:

4. Emergency Reference Table Contacts and Phone Numbers

A. Emergency Responders

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/EMAIL CELL PHONE
Fire Department				
Police Department				
FBI Field Office (for terrorism or sabotage)				
Emergency Medical Service				
HHS-R&L Field Rep.			402-499-6922 24hr	
HHS-R&L Office	Jack Daniel	402-471-0510	402-499-6922 24hr	jack.daniel@hhss.ne.gov
National Spill Response Center	24 Hour Hotline	1 (800) 424-8802		
State (DEQ) Spill Hotline	24 Hour Hotline	1-877-253-2603		
Poison Control	1-800-955-9119			
Water System Operators/Managers (also see table in Section I-2)				

B. State and Local Agencies Notification List

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/EMAIL CELL PHONE
HHS-R&L	Doug Woodbeck	402-471-0521		doug.woodbeck@hhss.ne.gov
	Randy Fischer	402-471-1007	402-416-2558	randy.fischer@hhss.ne.gov
Local County Dept. of Health				
Department of Environmental Quality	Regional Office -			
	24 Hour Spill Hotline	1-877-253-2603		
State Emergency Management Office		402-471-7425 24hr.	1-877-297-2368	
Hazmat Hotline		1-800-424-9300		
County Emergency Management Office				
Nebraska Rural Water Association		1-800-842-8039		

C. Local Contact Notification List

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/E-MAIL CELL PHONE
Government Officials				
Hospitals				
Pharmacy				
Priority Water Users (Those that are critically dependent upon water including schools, nursing homes, dialysis centers, institutions, Individuals, businesses, interconnected water systems, etc.)				
	Others			

D. System Equipment Repair and Supplies Contact Information

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/E-MAIL CELL PHONE
Electrician				
Plumber				
Pump Specialist				
Soil Excavator/Backhoe Operator				
Equipment Rental (Power Generators)				
Equipment Rental (Chlorinators)				
Equipment Rental (Portable Fencing)				
Equipment Repairman				
SCADA Repair Service				
Pump Supplier				
Well Drillers				
Pipe Supplier				
Local/Regional Analytical Laboratory				

E. Utilities Contact Information

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/E-MAIL CELL PHONE
Electric Utility Company				
Gas Utility Company				
Sewer Utility Company				
Telephone Utility Company				
"Diggers Hotline", UFPO or local equivalent				

F. Emergency Bulk & Bottle Water Suppliers

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/E-MAIL CELL PHONE
Bulk Water Hauler				
Bottle Water Source				

G. Media Notification List

ORGANIZATION	CONTACT NAME/TITLE	PHONE (DAY)	PHONE (NIGHT)	PAGER/E-MAIL CELL PHONE
Designated Water System Spokesperson				
Newspaper - Local				
Newspaper – Regional/State				
Radio				
Television				
Other				

3. Power Supply Equipment

A. Power Sources

Primary Power Source: _____

Alternate Power Sources: _____

Location of Fuel: _____

B. Generators

Make/Model	Phase/ Voltage/ Amps	Contact Individual	Phone No.	Location of Storage	Location of Use

4. Spare Parts for Water Source

A. Spare Pump(s):

Pump Type	Manufacturer	H.P.	Capacity (gpm)	Phase, Voltage

B. List of Spare Parts for Pump(s) and Well(s):

Part	Location